

**Area 1, West Texas  
HMAZ—El Paso County**

Subpopulation: FMS Male White

Ranking: 15

Name of Intervention	AIDS Education for Drug Abusers
Risk Behavior(s)	Poor barrier use with multiple partners, using drugs during sex, sharing works.
Influencing Factor(s) or FIBs	Problem Hierarchy Self-Efficacy Intentions Expected Outcomes/Perceived Benefits Sexual Arousal Pros and Cons Social Norms/Peer Pressure Interpersonal Dynamics Relationship Development Substance Use  Adaptation must address: Social status Social Norms Social influence Social policy Access
Intended Immediate Outcomes	Enhance education interventions on drug-and-sex-related HIV risk
Type	Group-Level Intervention
Setting	Inpatient drug detoxification and rehabilitation center
Is this intervention currently being provided in your planning area?	No
Rationale for Selecting this Intervention:	Based on proven theories: Social Cognitive Theory and Relapse Prevention Theory/Health Belief Model, and Theory of Reasoned Action  Focused on reducing anal/oral/vaginal sex without barriers/cleaning of drug paraphernalia  Offers extended/multiple sessions  Has been shown to be effective with members of the IDU population

**Area 1, West Texas  
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Subpopulation: FMS Male White

Ranking: 15

Name of Intervention	AIDS Demonstration Project
Risk Behavior(s)	One third of white FMS males reported multiple partners with low percentage of knowledge of partners' risks.
Influencing Factor(s) or FIBs	<p>Self efficacy Intentions Expected outcomes Perceived susceptibility Cultural group norms Peer pressure Social support Environmental facilitators (access to condoms)</p> <p>Adaptation must address: Arousal Relationship development Access</p>
Intended Immediate Outcomes	To increase condom use with main and non-main partners And to increase disinfection of injecting equipment
Type	Community-Level Intervention
Setting	Street setting, public sex environments, other community venues
Is this intervention currently being provided in your planning area?	No
Rationale for Selecting this Intervention:	<p>Based on proven theories: Social Learning theory and the Transtheoretical Model (Stages of Change)</p> <p>Offers opportunity to practice relevant skills, repeated community contacts</p> <p>Intervention has been shown to be effective with members of the IDU population.</p>

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Name of Intervention	Reducing HIV Needle Risk Behaviors
Risk Behavior(s)	Poor barrier use with multiple partners, using drugs during sex, sharing works.
Influencing Factor(s) or FIBs	<p>Perceived susceptibility  Perceived severity  Perceived benefits  Perceived barriers  Self efficacy</p> <p>Adaptation must address:  Problem hierarchy  Social status  Substance use  Social Norms  Social influence  Social policy  Access</p>
Intended Immediate Outcomes	<p>Increase the number and portion of IDU who exhibit safer injecting habits.  Increase understanding of behaviors that make them susceptible to HIV  Increase understanding of the severity of HIV  Identification of barriers and learn risk reduction methods to overcome those barriers  Identify and learn methods to overcome relationship issues related to safer injection practices</p>
Type	Group-Level Intervention
Setting	Community, educational setting
Is this intervention currently being provided in your planning area?	No
Rationale for Selecting this Intervention:	<p>Based on the Health Belief Model  And the AIDS Risk Reduction Model can also be applied</p> <p>Provides the opportunity to practice relevant skills</p> <p>Intervention has been shown to be effective with member of the IDU population.</p>

**Area 1, West Texas  
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Subpopulation: FMS Male White

Ranking: 15

Name of Intervention	Condom Skills Education and Sexually Transmitted Disease Reinfection
Risk Behavior(s)	One third of white FMS males reported multiple partners with low percentage of knowledge of partners' risks.
Influencing Factor(s) or FIBs	Arousal Social norms Self-efficacy Relationship development Access
Intended Immediate Outcomes	This intervention is based on the premise that familiarity with condoms and skills in using condoms properly are necessary for increasing future condom use.
Type	Group-Level Intervention
Setting	Waiting room of an STD clinic
Is this intervention currently being provided in your planning area?	No
Rationale for Selecting this Intervention:	Men and women who participated in the intervention were significantly less likely to return to the STD clinic within the next 12 months with a new STD than those in the comparison condition.  Offers opportunity to practice relevant skills.

**Area 1, West Texas  
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Subpopulation: FMS Male White

Ranking: 15

Name of Intervention	Group Counseling at STD Clinics to Promote Use of Condoms
Risk Behavior(s)	One third of white FMS males reported multiple partners with low percentage of knowledge of partners' risks.
Influencing Factor(s) or FIBs	Arousal Social norms Self-efficacy Relationship development Access
Intended Immediate Outcomes	Change in group norms, expectations, and social skills to increase condom use
Type	Group-Level Intervention
Setting	Waiting room of an STD clinic
Is this intervention currently being provided in your planning area?	No
Rationale for Selecting this Intervention:	Men who participated in the intervention had a significantly lower STD Reinfection rate than men in the comparison group.  Offers opportunity to practice relevant skills.

**Area 1, West Texas  
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Subpopulation: FMS Male White

Ranking: 15

Name of Intervention	Reduction in STD Infections Subsequent to an STD Clinic Visit
Risk Behavior(s)	One third of white FMS males reported multiple partners with low percentage of knowledge of partners' risks.
Influencing Factor(s) or FIBs	Arousal Social norms Self-efficacy Relationship development Access
Intended Immediate Outcomes	To reduce sexually transmitted diseases infections subsequent to a clinic visit.
Type	Group-Level Intervention
Setting	STD clinic
Is this intervention currently being provided in your planning area?	No
Rationale for Selecting this Intervention:	Men who participated in the intervention had a significantly lower rate of new STD infection than men in the comparison group.  Offers opportunity for discussion to reinforce prevention messages.

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Subpopulation: FMS Male White

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Name of Intervention	Project Respect: Efficacy of Risk Reduction Counseling to Prevent HIV and STDs
Risk Behavior(s)	One third of white FMS males reported multiple partners with low percentage of knowledge of partners' risks.
Influencing Factor(s) or FIBs	Attitudes Group norms Intentions Self-efficacy Expected outcomes Perceived susceptibility  Adaptation must address: Arousal Relationship development Access
Intended Immediate Outcomes	To reduce high risk behaviors and prevent new STDs
Type	Group-Level Intervention
Setting	STD clinics
Is this intervention currently being provided in your planning area?	No
Rationale for Selecting this Intervention:	Based on the Theory of Reasoned Action And Social Learning Theory  Sessions are interactive and deigned to change factors that could facilitate condom use.  Offers opportunity to practice relevant skills.

**Area 1, West Texas  
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Subpopulation: FMS Male White

Ranking: 15

Name of Intervention	Comprehensive Human Sexuality Curriculum
Risk Behavior(s)	One third of white FMS males reported multiple partners with low percentage of knowledge of partners' risks.
Influencing Factor(s) or FIBs	Self-esteem Self-efficacy Relationship development Social networks Social position Social policy Cultural norms Perceived susceptibility Perceived severity Stereotypical beliefs Fatalism Social inequalities Access Attitudes and intentions  Adaptation must address: Arousal Access
Intended Immediate Outcomes	To increase condom use with sexual partners during vaginal and anal sex
Type	Group-Level Intervention
Setting	Community-based organizations/Community Centers
Is this intervention currently being provided in your planning area?	Yes
Rationale for Selecting this Intervention:	Based on the Health Belief Model, Transtheoretical Model, and The Theory of Reasoned Action  Offers opportunity to practice relevant skills  Intervention was designed for the El Paso community by using data collected through client feedback and community needs assessments.



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Tab 7 – Intervention Selection Form

Subpopulation: ALL SUBPOPULATIONS

Ranking: FMS-White-Men-15

<b>Name of Intervention</b>	Prevention Counseling/Partner Elicitation (PCPE)
<b>Risk Behavior(s)</b>	Substance use Sex without condoms Multiple partners
<b>Influencing Factor(s) or FIBs</b>	Perceived susceptibility Environmental facilitators (access to condoms and testing) Knowledge of STDs Group or Cultural Norms
<b>Intended Immediate Outcomes</b>	Increase proportion of HIV -infected persons who know their status Increase condom use Improve communication and negotiation skills Improve self perception of risk Provide access to condoms and testing Improve knowledge of STDs Reduce Number of sex partners
<b>Type</b>	Individual Level Intervention
<b>Setting</b>	Community based organization, STD clinics, other community-based locations
<b>Currently provided?</b>	Yes
<b>Rationale for selecting intervention:</b>	<p>Counseling, testing, referral and partner services have been recommended as an effective intervention for all populations in Texas. In the Centers for Disease Control and Prevention's <i>HIV Prevention Strategic Plan Through 2005</i>, Goal 2 is to increase the proportion of HIV-infected people in the U.S. who know they are infected through voluntary counseling and testing. The CDC's objectives to meeting this goal support the inclusion of this intervention for all populations. These objectives include: improving access to voluntary, client-centered counseling and testing in high seroprevalance populations and increasing the number of providers who provide voluntary, client-centered counseling and testing. The core elements of this intervention include risk assessment, risk reduction plan, and the option to test for HIV either anonymously or confidentially.</p> <p>The Texas CPGs recommend the following strategies to promote PCPE: 1) Fact Sheet p. 31. <i>Culturally Tailored HIV/AIDS Risk-Reduction Messages Targeted to African-American Urban Women</i>. This 20-minute video increased the likelihood that women would view HIV as a personal risk, to request condoms, to talk with friends about AIDS, and to get tested for HIV.</p>

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	<p>2) Fact Sheet p. 34 <i>Context Framing to Enhance HIV Antibody Testing Messages Targeted to African-American Women</i>. This 25-minute video emphasizes the personal losses from not testing. Women were more likely to get tested and to talk to partners about testing after this video.</p> <p>3) Single session HIV/AIDS informational education: basic informational sessions discussing risks, correct condom and bleach kit use, referrals and the like enhance participants willingness to test either during or after the session.</p> <p>4) Bar outreach: sustained, consistent presence in a bar type setting enhances testing. The specific outreach that is known to work consisted of weekly presence in the bar, with an informational table, with staff present and interacting with bar managers, performers and patrons for 2-4 hours at a time. Testing was conducted at the bar or referral made to a community-based organization. Staff gained the trust of all through their sustained efforts.</p>
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pcpe

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Tab 7 – Intervention Selection Form

Subpopulation: All **high priority** subpopulations, consistent with CDC Guidance, September 1997

Ranking: FMS-White-Men-15

<b>Name of Intervention</b>	Prevention Case Management (PCM)
<b>Risk Behavior(s)</b>	Multiple high risk behaviors consistent with HIV Prevention Case Management Guidance, September 1997 by the CDC Substance use Sex without condoms Multiple partners
<b>Influencing Factor(s) or FIBs</b>	Perceived susceptibility Fatalism Self Efficacy Peer Pressure Cultural group norms
<b>Intended Immediate Outcomes</b>	Increase condom use Decrease number of partners Increase Self Esteem Referral for new HIV positives into Early Intervention Programs Referral of HIV positives into more intensive Intervention Programs that address the Factors Influencing the Risky Behavior.
<b>Type</b>	Individual Level Intervention
<b>Setting</b>	Community based organization, STD clinics, other locations
<b>Currently provided?</b>	No
<b>Rationale for selecting intervention:</b>	<i>This intervention should target only high-risk individuals, whether HIV-positive or HIV-negative, with multiple, complex problems and risk-reduction needs.</i> This intensive, client-centered prevention activity has the fundamental goal of promoting the adoption and maintenance of HIV risk-reduction behaviors. It is suitable for individuals seeking stability and regularity in their lives and/or individuals who are reaching an action step in dealing with health concerns. PCM should include 1) client recruitment and engagement, 2) screening and assessment of HIV and STD risks and medical and psychosocial service needs, 3) development of a client-centered prevention plan, 4) multiple session HIV risk-reduction counseling, 5) active coordination of services with follow-up, 6) monitoring and reassessment of client's needs, risks, and progress, and 7) discharge from PCM services upon attainment and maintenance of risk-reduction goals.  <div style="text-align: right;">pcm</div>

**Area 1, West Texas  
HMAZ—El Paso County**

Subpopulation: FMS Males living with HIV/AIDS Ranking: Medium

Name of Intervention	Prevention for HIV Infected Persons Project (PHIPP)
Risk Behavior(s)	Unprotected vaginal sex with multiple partners, exchanging money for sex, high percentage of substance use, high use of alcohol
Influencing Factor(s) or FIBs	<p>Relationship Development  Relationship dynamics  Social position  Self-efficacy/communication skills  Social networks  Social support  Social group norms  Expected outcomes  Perceived susceptibility  Perceived severity  Perceived benefits  Perceived barriers with the intention to overcome them  Unknown serostatus  Access  Follow-up/Referral  STD testing and treatment (surrogate markers – co-factors of the transmission of HIV)</p> <p>50% reported having vaginal sex. 66.7% reported having had multiple partners. 50% reported having exchanged money for sex. 66.7% reported substance use. 10% reported that their partners were at-risk for HIV infection, and 33.3% reported that their partners had multiple partners. 16.7% reported the use of cocaine, marijuana, and amphetamines. 66.7% reported the use of alcohol.</p>
Intended Immediate Outcomes	Reduce the frequency of unprotected anal/oral/vaginal intercourse
Type	Group-Level Intervention
Setting	Community setting with access to medical and social services
Is this intervention currently being provided in your planning area?	No
Rationale for Selecting this Intervention:	<p>Based on the Health belief model, and  The Social Learning Theory</p> <p>Offers opportunity to interact with other persons living with HIV/AIDS. Offers opportunity to practice relevant skills.</p>